



# EMERGENCY RESPONSE REPORT

## OF

### UNSAFE LIVING CONDITIONS AND POTENTIAL CODE VIOLATIONS

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. /P.M. (Please Circle One)

Reported By: \_\_\_\_\_

Fire Department/District/Police Precinct: \_\_\_\_\_

Brief Description of Call/Location: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### PLEASE INDICATE OBSERVED CONDITIONS:

____ Number of Occupants in House	Number of People Living in Basement	____
____ Number of Separate Living Quarters	Number of People Living on 1st Floor	____
____ Number of Kitchens	Number of People Living on 2nd Floor	____
____ Number of Bathrooms	Number of People Living in Attic	____

#### LOCATION OF BEDROOMS:

\_\_\_\_ Basement      \_\_\_\_ 1st Floor      \_\_\_\_ 2nd Floor      \_\_\_\_ Attic

#### LOCATION OF KITCHENS:

\_\_\_\_ Basement      \_\_\_\_ 1st Floor      \_\_\_\_ 2nd Floor      \_\_\_\_ Attic

#### OTHER (Please Check or Indicate #):

External Locks on Bedroom Doors	____	Exposed Wiring	____	No Smoke Detectors	____
Exterior Basement Entrance	____	Interior Basement Entrance	____	Multiple Exterior Doors	____

*Please return form to:*

Nassau County Department of Assessment  
240 Old Country Road, Room 400  
Mineola, New York 11501-8402  
(516 ) 571-2490 Fax ( 516 ) 571-1601

(FOR OFFICE USE ONLY)

Referred to: \_\_\_\_\_

SECTION:

BLOCK:

LOT:

Class: